

AO 440 (Rev. 8/01) Summons in a Civil Action

UNITED STATES DISTRICT COURT

District of Delaware

DELSIE . E. BROOKENS,

SUMMONS IN A CIVIL CASE

V.

GENERAL MOTORS, PLAN ADMINISTRATOR,  
GM-HOURLY-RATE EMPLOYEES PENSION PLAN, CASE NUMBER: C.A. 07-387  
P. O. BOX 300 MC: 482-C26-A68  
300 Renaissance Center  
Detroit, MI 48265-3000

TO: (Name and address of Defendant)

Plan Administrator, GM Hourly-Rate  
Employees Pension Plan  
GM Corporation

P. O. Box 300 MC: 482-C26-A68  
300 Renaissance Center, Detroit, MI 48265-3000

~~YOU ARE HEREBY SUMMONED~~ and required to serve on PLAINTIFF'S ATTORNEY (name and address)

JOHN M. STULL, ESQ.  
1300 N. MARKET ST., STE 700  
WILMINGTON, DE 19801

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

PETER T. DALLEO

CLERK

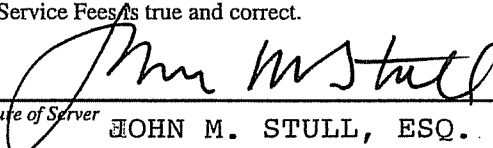
AUG 06 2007

DATE

*Everette Watson*

(By) DEPUTY CLERK

AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE		
Service of the Summons and complaint was made by me <sup>(1)</sup>	DATE <u>August 13, 2007</u>	
NAME OF SERVER (PRINT) <u>JOHN M. STUEL</u>	TITLE <u>ATTORNEY</u>	
<i>Check one box below to indicate appropriate method of service</i>		
<input type="checkbox"/> Served personally upon the defendant. Place where served: _____ _____		
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: _____		
<input type="checkbox"/> Returned unexecuted: _____ _____		
<input checked="" type="checkbox"/> Other (specify): <u>CERTIFIED MAIL RETURN OF SERVICE REQUESTED</u> <u>Accepted by Agent</u> <u>Return of receipt card attached (copy)</u>		
STATEMENT OF SERVICE FEES		
TRAVEL <u>15.00</u>	SERVICES <u>15.00</u>	TOTAL <u>30.00</u>
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <p>Executed on <u>August 20, 2007</u>  <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="text-align: center;"> <small>Date</small> </div> <div style="text-align: center;">   <small>Signature of Server</small> </div> <div style="text-align: center;"> <u>JOHN M. STULL, ESQ.</u>  <u>1300 N. Market Street, STE 700</u>  <u>Wilmington, DE 19801</u>  <small>Address of Server</small> </div> </div> </p>		

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

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<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>\$5.94</b>

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 WILMINGTON DE

Sent To *General Motors, Plan Admin*  
 Street, Apt. No.; or PO Box No. *GM Engr. Ben Plan - PO Box 300*  
 City, State, ZIP+4 *DETROIT MI 48265-3000*

PS Form 3800, August 2006 See Reverse for Instructions

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Sent To *GM Home Based Rpt Pension Plan*  
 Street, Apt. No.; or PO Box No. *POB 300 MC: 482-C26-A68*  
 City, State, ZIP+4 *DETROIT MI 48265-3000*

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<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>\$5.94</b>

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Sent To *General Motors Corporation*  
 Street, Apt. No.; or PO Box No. *Box 300 MC: 482-C26-A68*  
 City, State, ZIP+4 *DETROIT MI 48265-3000*

PS Form 3800, August 2006 See Reverse for Instructions

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
*General Motors Plan Admin*  
*GM Home Based Rpt Pension Plan*  
*P.O. Box 300, MC: 482-C26-A68*  
*300 Renaissance Center*  
*DETROIT MI 48265-3000*

2. Article Number  
 7006 3450 0001 6239 7098  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
☒ Agent  
☐ Addressee

B. Received by (Printed Name)  
*[Signature]*

C. Date of Delivery  
 AUG 13 2007

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type  
☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes